

FEC  
FORM 3REPORT OF RECEIPTS  
AND DISBURSEMENTS

For An Authorized Committee

SECRETARY OF THE SENATE

14 AUG 28 PM 2:18  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FRIENDS OF SENATOR BOB SMITH

ADDRESS (number and street)

PO BOX 21

Check if different  
than previously  
reported. (ACC)

MERRIMACK

NH

03054

2. FEC IDENTIFICATION NUMBER ▼

C C00552968

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
- 
- REPORT

NEW  
(N)

OR

AMENDED  
(A)

NH

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

MM / DD / YYYY  
09 / 09 / 2014in the  
State of

NH

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

MM / DD / YYYY

in the  
State of

5. Covering Period

MM / DD / YYYY  
07 / 01 / 2014

through

MM / DD / YYYY  
08 / 20 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer SCOTT B MACKENZIE

Date

MM / DD / YYYY  
09 / 25 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
OnlyFEC FORM 3  
(Revised 02/2003)